Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Devin Nunes Campaign Committee PO Box 6545 ADDRESS (number and street) (Check if address is changed) Visalia 93290-6545 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dian@devinnunes.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.devinnunes.com (Check if address is changed) DATE 30 2019 C00370056 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Nunes, Toni, Dian, , Type or Print Name of Treasurer Nunes, Toni, Dian, , [Electronically Filed] 06 30 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Nam Can	ne of didate	Nunes, Devin, G., ,	
	didate y Affiliati	on REP Office Sought: X House Senate President	State CA District 22
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

I FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na	ame	
Devin Nunes	Campaign Committee	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
Nunes Victory Fund		
Mailing Address	PO Box 6545	
	Visalia CA	93290-6545
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization X Affiliated Committee Joint Fundraising Represent	Leadership PAC Sponsor
. Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the p	person in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
3. Treasurer : List the name any designated agent (e.ç	and address (phone number optional) of the treasurer of the committee g., assistant treasurer).	e; and the name and address of
Full Name Nunes, of Treasurer	Toni, Dian, ,	
Mailing Address	PO Box 6545	
	Visalia CA	93290-6545
Title or Position , Treasurer	CITY STATE	ZIP CODE 559 739 8903
<u> </u>	Telephone number	

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b Name of Bank,		
safety deposit b	Depository, etc. Central Valley Community Bank 7100 N. Financial Drive, Suite 101 Floral Office - Visalia	
safety deposit b Name of Bank,	Depository, etc. Central Valley Community Bank 7100 N. Financial Drive, Suite 101 Floral Office - Visalia	
safety deposit b Name of Bank,	Depository, etc. Central Valley Community Bank 7100 N. Financial Drive, Suite 101 Floral Office - Visalia	
safety deposit b Name of Bank,	Depository, etc. Central Valley Community Bank 7100 N. Financial Drive, Suite 101 Floral Office - Visalia Fresno CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Central Valley Community Bank 7100 N. Financial Drive, Suite 101 Floral Office - Visalia Fresno CITY STATE Depository, etc.	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Central Valley Community Bank 7100 N. Financial Drive, Suite 101 Floral Office - Visalia Fresno CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Central Valley Community Bank 7100 N. Financial Drive, Suite 101 Floral Office - Visalia Fresno CITY STATE Depository, etc. Union Bank - Checking Tulare 0460	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Central Valley Community Bank 7100 N. Financial Drive, Suite 101 Floral Office - Visalia Fresno CITY STATE Depository, etc. Union Bank - Checking Tulare 0460	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Central Valley Community Bank 7100 N. Financial Drive, Suite 101 Floral Office - Visalia Fresno CITY STATE Depository, etc. Union Bank - Checking Tulare 0460	ZIP CODE

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F1A Transaction ID:

To delete Joint Fundraising Representative and add Depository

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

1.	<u>, , , , , , , , , , , , , , , , , , , </u>	FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
T			
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
Take Back The H	ouse California 2020		
I			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		Fundraising Represent	Leadership PAC S
esignated Agent: Identif		Fundraising Represent	Leadership PAC S
esignated Agent: Identif		Fundraising Represent	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which saintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the same of Bank, Edward	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which saintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which raintains funds.	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
Zeldin Nunes Vict	ory Fund 		
Mailing Address	47 Flintlock Dr		
	Shirley	NY NY	11967-2758
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	tive Leadership PAC Spons
Full Name	by name, address (phone number – optional)		
Mailing Address	1		
Mailing Address			
Mailing Address			
	CITY A	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	•	STATE lephone Number	ZIP CODE A
TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which t	lephone Number	
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which taintains funds.	lephone Number	
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which taintains funds.	lephone Number	
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which taintains funds.	lephone Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	raising Representativ	e, or Leadership PAC Spon
Young Optimistic	Useful Republicans JFC		
1			
Mailing Address	228 S Washington St		
	Alexandria	VA	22314-5408
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
(Connact	ed Organization Affiliated Committee X Joint	t Hundraicina Rantacant	ativa I aadarahin DAC Si
	ify by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		- I rundraising ricpresent	Leadership FAC S
esignated Agent: Ident		Trundraising Represent	Leadership FAC S
esignated Agent: Ident			Leadership FAC S
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Ident	ify by name, address (phone number – optional) CITY		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or n	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds. Bank Tulare 0460 P.O. Box 512380	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, Unior epository, etc.	ify by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds. Bank Tulare 0460	STATE A	ZIP CODE A